

<b>DESIGN REVIEW COMMENTS</b>		PROJECT:		PAGE	OF
TYPE OF REVIEW:		DATE:	NAME:		
<input type="checkbox"/> FACILITIES OFFICE <input type="checkbox"/> OTHER		<input type="checkbox"/> ARCHITECT <input type="checkbox"/> CIVIL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> STRUCTURAL <input type="checkbox"/> UCS			
ITEM	DRAWING NO OR SPEC. PARA.	COMMENTS		ACTION	